SUPERIOR COURT OF WASHINGTON IN AND FOR SNOHOMISH COUNTY

| | CASE NO. | |
|--|--|--|
| Petitioner/Plaintiff(s) Vs. Respondent/Defendant(s) | NOTE FOR TRIAL SETTING (NTTSNA) Unless otherwise provided by applicable rule or statute, this form must be filed with the Clerk not less than five (5) court days preceding the date requested for trial setting. | |
| The Clerk of the Court and the attorneys of thereby affirm that this case is at issue; that no affirm knowledge no other parties will be served with summinal. | native pleading remains unanswered; that to my | |
| Гуре of Case: | Estimated Length of Trial: | |
| affirm that this case is NOT arbitrable. [If arbitrable Arbitrability form instead] | e, do NOT use this form. Use Initial Statement of | |
| counterclaim or cross claim exceeds \$100,000. This domestic lawsuit presently involves modification or termination of child support of the counterpresent | ey judgment is being sought and/or a claim, 0 exclusive of attorney fees, interest and costs; or issues other than or in addition to the establishment, or maintenance payments or arrearages; or or District Court decision (which is not a Small | |

| ☐ This case is otherwise statutorily exempt from civil arbitration pursuant to | | |
|--|---|--|
| RCW: | | |
| | es no later than three (3) weeks after the date requested for | |
| | ial Setting, please submit to Court Administration your date requested for trial setting indicated above. | |
| IT IS NOT NECESSARY | TO APPEAR FOR TRIAL SETTING | |
| | te Resolution (ADR), your trials will not be confirmed | |
| unless you have completed ADR or this require CERTIFICATE OF MAILING I certify that I mailed a copy of this document to the attorneys listed hereon, postage prepaid on the Date (mm/dd/yyyy): | (Signature) Date (mm/dd/yyyy): WSBA #: | |
| NOTE: File the original of this document with the Clerk of the Court and serve per CR 40. | NAME: ADDRESS: | |
| | TELEPHONE: ATTORNEY FOR: (Check one) Petitioner/Plaintiff Respondent/Defendant | |

PLEASE LIST THE NAMES, ADDRESSES, ETC. OF ALL OTHER ATTORNEYS IN THIS CASE AND/OR ALL OTHER PARTIES REQUIRING NOTICE.

| NAME: | WSBA #: | |
|----------------|---|--|
| | TELEPHONE: | |
| ADDRESS: | ATTORNEY FOR: (Check one) | |
| | Petitioner/Plaintiff | |
| | Respondent/Defendant | |
| | | |
| NAME: | WSBA #: | |
| | TELEPHONE: | |
| ADDRESS: | ATTORNEY FOR: (Check one) | |
| | ☐ Petitioner/Plaintiff ☐ Respondent/Defendant | |
| | Kesponden/Defendant | |
| NAME: | WSBA #: | |
| | TELEPHONE: | |
| ADDRESS: | ATTORNEY FOR: (Check one) | |
| | Petitioner/Plaintiff | |
| | Respondent/Defendant | |
| NAME: | WSBA#: | |
| IVILLE. | TELEPHONE: | |
| ADDRESS: | ATTORNEY FOR: (Check one) | |
| | Petitioner/Plaintiff | |
| | Respondent/Defendant | |
| | | |
| NAME: ADDRESS: | WSBA#: | |
| | TELEPHONE: | |
| | ATTORNEY FOR: (Check one) Petitioner/Plaintiff | |
| | Respondent/Defendant | |
| | <u> </u> | |